

AGENDA ITEM SUMMARY

DEPARTMENT: SOCIAL SERVICES

Revised 11/29/05 dra

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: Alliance For Aging, Inc.

Contract # Amendment #001 for
Contract #AA-629

Effective Date: 5/17/2006

Expiration Date: 12/31/2006

Contract Purpose/Description: Approval of Amendment #001 to the OAA Contract #AA-629, (4/1/06-12/31/06) will change the maximum units of services and reduce the service unit rate under contract. The total amount of \$377,721.00 will remain the same.

Contract Manager: Deloris Simpson
(Name) *[Signature]*

4589 Community Services/Stop 1
(Ext.) (Department/Stop #)

For BOCC meeting on 5/17/06

Agenda Deadline: 5/2/06

CONTRACT COSTS

Total Dollar Value of Contract: \$419,692.00

Current Year Portion: \$ _____

Budgeted? Yes X No

Account Codes:

Grant: \$ 377,721.00

County Match: \$41,971.00 (required)

_____-_____-_____-_____-
_____-_____-_____-_____-
_____-_____-_____-_____-
_____-_____-_____-_____-

ADDITIONAL COSTS

Estimated Ongoing Costs: \$ _____/yr
(Not included in dollar value above)

For: _____
(eg. Maintenance, utilities, janitorial, salaries, etc)

CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director		Yes <input type="radio"/> No <input checked="" type="radio"/>	<i>Sherie O Baker</i>	4-25-06
Risk Management	4-21-06	Yes <input type="radio"/> No <input checked="" type="radio"/>	<i>M. Slain</i>	4-21-06
^{EC} O.M.B./Purchasing	4/21/06	Yes <input type="radio"/> No <input checked="" type="radio"/>	<i>EP</i>	4/26/06
County Attorney	4/18/06	Yes <input type="radio"/> No <input checked="" type="radio"/>	<i>Amfrinsley</i>	4-19-06

Comments: _____

THIS AMENDMENT, entered into between the **Alliance for Aging, Inc.** hereinafter referred to as the "Alliance", and **Monroe County Social Services.**

The purpose of this amendment is to change the maximum units of services and service unit rate under contract. Total contract amount \$ 377,721.

1. Attachment I, Section III, Paragraph E, Method of Payment, is hereby amended to read:

The Alliance shall make payment to the provider for provision of services up to a maximum number of units of service and at the rate(s) stated below:

Service to be Provided	Service Unit Rate	Maximum Units of Service	Maximum Dollars
Homemaker	31.50	1,392	\$43,847
Personal Care	39.37	908	\$35,753
Congregate Meals	8.38	13,776	\$115,441
Nutrition Education C1	389.96	9	\$3,509
Home Delivery Meals	5.75	24,103	\$138,592
In Home Respite	25.32	796	\$20,162
Respite Facility	10.52	1,992	\$20,417

2. This amendment shall begin on April 1, 2006 or the date it has been signed by both parties, whichever is earlier.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract are hereby amended to conform with this amendment.

This amendment and all its attachments are hereby made a part of the contract.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to be executed by their undersigned officials as duly authorized.

PROVIDER:

**Monroe County Social
Services**

ALLIANCE FOR AGING, INC.

SIGNED BY: _____

SIGNED BY: _____

NAME: _____

NAME: _____

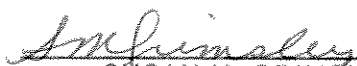
TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM:


SUSAN M. GRIMSLEY
ASSISTANT COUNTY ATTORNEY
4-19-06

Steven Weisberg, M. S.

President & CEO

THIS AGREEMENT is entered into between the Alliance for Aging, Inc., hereinafter referred to as the "Alliance," and Monroe County Social Services, hereinafter referred to as the "recipient." This agreement is subject to all provisions contained in the MASTER AGREEMENT executed between the Alliance and the Recipient, Agreement No. PA- 429, and its successor, incorporated herein by reference.

The breakdown by Title will be as following:

Title III B: \$ 79,600

Title C1: \$ 118,950

Title C2: \$ 138,592

Title III E: \$ 40,579

1. This agreement shall begin on April 1, 2006 or the date it has been signed by both parties, whichever is earlier.

All provisions in the contract and any attachments thereto in conflict with this agreement shall be and are hereby changed to conform with this agreement.

All provisions not in conflict with this agreement are still in effect and are to be performed at the level specified in the contract are hereby amended to conform with this agreement.

This agreement and all its attachments are hereby made a part of the contract.

IN WITNESS WHEREOF, the parties hereto have caused this 1-page agreement to be executed by their undersigned officials as duly authorized.

PROVIDER:

County Social Services

ALLIANCE FOR AGING, INC.

SIGNED BY:

SIGNED BY:

NAME:

Charles "Sonny" McCoy

NAME:

Steven Weisberg, M. S.

TITLE:

Mayor/Chairman

TITLE:

President & CEO

DATE:

March 15, 2006

DATE:

3/28/06

MONROE COUNTY ATTORNEY
APPROVED AS FOLLOWS

SUZANNE A. GUTTON

ASSISTANT COUNTY ATTORNEY

Date

3/10/06

(SEAL)
ATTORNEY GARRY L. KOLHAGE CLERK

BY

DEPUTY CLERK

OAA C 2 - SUPPORTIVE SERVICES

Provider Name:

SERVICE	UNIT RATE	NUMBER OF UNITS	AMOUNT
HOME DELIVERED MEALS	7.78	17,701.00	137,714.00
NUTRITION COUNSELING	0.00	0.00	0.00
NUTRITION EDUCATION	0.00	0.00	0.00

Note : Please add any services not listed above in the blank spaces provid

OAA C 1 - SUPPORTIVE SERVICES

Provider Name:

SERVICE	UNIT RATE	NUMBER OF UNITS	AMOUNT
CONGREGATE MEALS	11.42	10,109.00	115,441.00
NUTRITION COUNSELING	0.00	0.00	0.00
NUTRITION EDUCATION	438.71	10.00	4,387.00

Note : Please add any services not listed above in the blank space:

OAA III B - SUPPORTIVE SERVICES

Provider Name:

SERVICE TO BE PROVIDED	UNIT RATE	NUMBER OF UNITS	AMOUNT
ADULT DAY CARE	0.00	0.00	0.00
CASE AIDE	0.00	0.00	0.00
CASE MANAGEMENT	0.00	0.00	0.00
CHORE	0.00	0.00	0.00
COMPANIONSHIP	0.00	0.00	0.00
COUNSELING	0.00	0.00	0.00
EDUCATION	0.00	0.00	0.00
ESCORT	0.00	0.00	0.00
HEALTH SUPPORT	0.00	0.00	0.00
HOME HEALTH AIDE	0.00	0.00	0.00
HOMEMAKER	37.19	1,179.00	43,847.01
HOUSING IMPROVEMENT	0.00	0.00	0.00
INFORMATION	0.00	0.00	0.00
LEGAL SERVICES	0.00	0.00	0.00
MATERIAL AID	0.00	0.00	0.00
PERSONAL CARE	45.22	790.75	35,757.72
RECREATION	0.00	0.00	0.00
REFERRAL	0.00	0.00	0.00
SCREENING & ASSESSMENT	0.00	0.00	0.00
SHOPPING ASSISTANCE	0.00	0.00	0.00
TELEPHONE REASSURANCE	0.00	0.00	0.00
TRANSPORTATION	0.00	0.00	0.00

Note : Please add any services not listed above in the blank spaces provided

OAA III E - SUPPORTIVE SERVICES

Provider Name:

SERVICE	UNIT RATE	NUMBER OF UNITS	AMOUNT
ADULT DAY CARE	0.00	0.00	0.00
ADULT DAY HEALTH CARE	0.00	0.00	0.00
CAREGIVER FORUM - DP	0.00	0.00	0.00
CAREGIVER FORUM - INDIVIDUAL	0.00	0.00	0.00
CAREGIVER TRAIN/SUPPORT (GRP)	0.00	0.00	0.00
CONSUMABLE MEDICAL SUPPLIES	0.00	0.00	0.00
COUNSELING	0.00	0.00	0.00
PUBLIC EDUCATION	0.00	0.00	0.00
REFERRAL	0.00	0.00	0.00
RESPIRE	25.57	788.50	20,161.95
RESPIRE IN-FACILITY	11.65	1,752.75	20,419.54
SCREENING & ASSESSMENT	0.00	0.00	0.00
SITTER - DP	0.00	0.00	0.00
SUPPORT GROUP - INDIVIDUAL	0.00	0.00	0.00

Note : Please add any services not listed above in the blank spaces provided